

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Illinois
(State)

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Beacon Therapeutic School, Inc.

2. All other names debtor used in the last 8 years

Beacon Therapeutic Diagnostic & Treatment Center

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN)

36-2660495

4. Debtor's address

Principal place of business - Thru 6/30/17

10650 S. Longwood
Number Street

Chicago IL 60643
City State ZIP Code

Cook
County

Mailing address, if different from principal place of business

C/O BFKPN Corporate Services, Inc.
200 W. Madison Street
Number Street

P.O. Box

Chicago IL 60606
City State ZIP Code

Location of principal assets, if different from principal place of business

N/A
Number Street

City State ZIP Code

5. Debtor's website (URL)

N/A

6. Type of debtor

☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☒ Other. Specify: Non-Profit Corporation

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Beacon Therapeutic School Case number (if known) _____
Name

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/19/2017
MM / DD / YYYY

x Thomas A. Goldrick

Signature of authorized representative of debtor

Thomas A. Goldrick

Printed name

Title Director

18. Signature of attorney

x Robert D. Nachman

Signature of attorney for debtor

Date 12/19/2017
MM / DD / YYYY

Robert D. Nachman, Edward F. Malone

Printed name

Barack Ferrazzano Kirschbaum & Wagelberg LLP

Firm name

200 W. Madison St., Suite 3900

Number Street

Chicago

City

FL 60606

State

ZIP Code

312-984-3100

Contact phone

robert.nachman@bfkn.com

Email address

6185804

Bar number

IL

State

Fill in this information to identify the case and this filing:

Debtor Name Beacon Therapeutic School
United States Bankruptcy Court for the: Northern District of Illinois
(State)
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/19/2017
MM / DD / YYYY

☒ Thomas A Goldrick
Signature of individual signing on behalf of debtor

Thomas A. Goldrick
Printed name

Director
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Beacon Therapeutic School
United States Bankruptcy Court for the: Northern District of Illinois
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 5,235.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 5,235.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 150,809

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 725,953

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 876,762

Fill in this information to identify the case:

Debtor name Beacon Therapeutic School
 United States Bankruptcy Court for the: Northern District of Illinois
 (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Beverly Bank

Operating

1 5 6 3

\$ 24.00

3.2. Beverly Bank

Operating

6 2 9 9

\$ 0.00

4. Other cash equivalents (Identify all)

4.1. _____

\$ 0.00

4.2. _____

\$ 0.00

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 24.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Name

Beacon Therapeutic School

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts receivable**11a. 90 days old or less: _____ = → \$ 0.00
face amount doubtful or uncollectible accounts11b. Over 90 days old: 66,431.08 - 61,362.03 = → \$ 5,211.04
face amount doubtful or uncollectible accounts
66,573.07**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 5,211.04**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Beacon Therapeutic Schools
Name

Case number (if known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ _____

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals Examples: Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

Debtor Beacon Therapeutic Schools
Name

Case number (if known) _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor Beacon Therapeutic Schools
Name

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Beacon Therapeutic School
Name

Case number (if known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.**Nature and extent of debtor's interest in property****Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes. Fill in the information below.**General description****Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

Beacon Therapeutic Schools
Name

Case number (if known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11 All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Total face amount doubtful or uncollectible amount

\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
Tax year _____ \$ _____
Tax year _____ \$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Name

Beacon Therapeutic School

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ <u>24.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ _____	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <u>5,211.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ _____	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ _____	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ _____	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ _____	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ _____	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ <u>0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ _____	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ _____	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ <u>5,235.00</u>	+ 91b. \$ <u>0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>5,235.00</u>

Fill in this information to identify the case:

Debtor name Beacon Therapeutic School
United States Bankruptcy Court for the: Northern District of Illinois
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____ \$ _____

2.2 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____ \$ _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor Beacon Therapeutic School
United States Bankruptcy Court for the: Northern District of IL
(State)
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1 List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

IDE 3
PO Box 3637
Springfield IL 62708

Date or dates debt was incurred

2015-2017

Last 4 digits of account number 6094

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is: Total claim \$ 150,809 Priority amount \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School
Name

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Ame Mechanical
11535 W. 183rd Place
Orland Park, IL 60462

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,189.20

Basis for the claim:

Date or dates debt was incurred

1/25/17

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.2 Nonpriority creditor's name and mailing address

AdT Security Systems
PO Box 371878
Pittsburgh, PA 15250-7878

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 555.07

Basis for the claim:

Date or dates debt was incurred

2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

1977

3.3 Nonpriority creditor's name and mailing address

ASS Publications Inc.
229 Brier Court
Island Lake, IL 60042

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 135.00

Basis for the claim:

Date or dates debt was incurred

11/21/16

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.4 Nonpriority creditor's name and mailing address

Arkadin
1501 E. Woodfield Rd Suite 400E
Schaumburg, IL 60173

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 672.15

Basis for the claim:

Date or dates debt was incurred

2016-2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3.5 Nonpriority creditor's name and mailing address

AT+T
PO Box 5080
CAROL Stream, IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,580.05

Basis for the claim:

Date or dates debt was incurred

2016-2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

3183

3.6 Nonpriority creditor's name and mailing address

AT+T
PO Box 5080
CAROL Stream, IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,694.46

Basis for the claim:

Date or dates debt was incurred

2016-2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

2891

Debtor

Beacon Therapeutic School
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address

AT&T

PO Box 5080
CAROL Stream IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 539.03

Basis for the claim:

Date or dates debt was incurred

2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

1078

3.8 Nonpriority creditor's name and mailing address

AT&T

PO Box 5080
CAROL Stream IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 300.89

Basis for the claim:

Date or dates debt was incurred

2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

6382

3.9 Nonpriority creditor's name and mailing address

AT&T

PO Box 5080
CAROL Stream IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,528.94

Basis for the claim:

Date or dates debt was incurred

5/2017-7/17

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

1008

3.10 Nonpriority creditor's name and mailing address

AT&T

PO Box 5080
CAROL Stream IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 681.01

Basis for the claim:

Date or dates debt was incurred

6/2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

2680

3.11 Nonpriority creditor's name and mailing address

AT&T

PO Box 5080
CAROL Stream IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 32,595.09

Basis for the claim:

Date or dates debt was incurred

2016-2017

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

1156

Debtor

Beacon Therapeutic School
Name

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 Nonpriority creditor's name and mailing address

AT&T

PO Box 5080

Carol Stream IL 60197-5080

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 7,252.63

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

1199

Is the claim subject to offset?

- ☐ No
☐ Yes

3.13 Nonpriority creditor's name and mailing address

Audio Tel Communications

1550 N. Northwest Highway #108F
Park Ridge IL 60068

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,534.00

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.14 Nonpriority creditor's name and mailing address

Barack Ferrazzano Kirschbaum
200 W. Madison St Suite 3900
Chicago IL 60606-3459

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,789.20

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.15 Nonpriority creditor's name and mailing address

BDO

PO Box 642743
Pittsburgh, PA 15264-2743

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 7,750.00

Basis for the claim:

Date or dates debt was incurred

4/18/17

Last 4 digits of account number

9763

Is the claim subject to offset?

- ☐ No
☐ Yes

3.16 Nonpriority creditor's name and mailing address

Beaver Shredding
PO Box 1703
Bridgeview IL 60455

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,441.00

Basis for the claim:

Date or dates debt was incurred

3/15/17

Last 4 digits of account number

8012

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Behavioral Staffing

Dept 4371

CAROL Stream IL 60122-4371

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 2,606.44

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

7531

Is the claim subject to offset?

- ☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address

Bell Paving & Sealcoating

10719 S. Talman

Chicago IL 60655

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,615.00

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.3 Nonpriority creditor's name and mailing address

Beverly Glass Service

10430 S. Western Ave

Chicago IL 60643-2508

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 510.00

Basis for the claim:

Date or dates debt was incurred

2016

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.4 Nonpriority creditor's name and mailing address

Beverly Management Associates

1601 Chico Ct.

Thousand Oaks, CA 91360-2136

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,679.21

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.5 Nonpriority creditor's name and mailing address

Big Top Productions

1639 Sheridan Road

North Chicago IL 60064

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,600.00

Basis for the claim:

Date or dates debt was incurred

2016

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21 Nonpriority creditor's name and mailing address

Calumet Park Ace Hardware
1340 West 127th Street
Calumet Park, IL 60827

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 294.64

Basis for the claim:

Date or dates debt was incurred

2015-2016

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.22 Nonpriority creditor's name and mailing address

Catholic Bishop of Chicago
835 N. Rush Street
Chicago IL 60611

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 178,986.62

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.23 Nonpriority creditor's name and mailing address

City of Chicago
PO Box 71528
Chicago IL 60694-1528

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 350.00

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.24 Nonpriority creditor's name and mailing address

Comcast
PO Box 3001
Southeastern PA 19398-3001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 774.30

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

3871

Is the claim subject to offset?

- ☐ No
☐ Yes

3.25 Nonpriority creditor's name and mailing address

Comcast
PO Box 3001
Southeastern PA 19398-3001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 358.81

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

8401

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.2 Nonpriority creditor's name and mailing address

Comcast

PO Box 3001

Southeastern PA 19398-3001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 1,888.60

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

9480

Is the claim subject to offset?

- ☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address

Comed

PO Box 6111

CAROL Stream IL 60197-6111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 619.90

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

1002

Is the claim subject to offset?

- ☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address

Comed

PO Box 6111

CAROL Stream IL 60197-6111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,990.50

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

1009

Is the claim subject to offset?

- ☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address

Comed

PO Box 6111

CAROL Stream IL 60197-6111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 915.43

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

7044

Is the claim subject to offset?

- ☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address

Comed

PO Box 6111

CAROL Stream IL 60197-6111

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 177.94

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

8023

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Name

Beacon Therapeutic School

Document

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32 Nonpriority creditor's name and mailing address

DD Fisher Consulting
8105 White Oak Road
Quincy IL 62305

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 5,200.00

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.33 Nonpriority creditor's name and mailing address

Disney Educational Production
105 Terry Drive Suite 120
Newton PA 18940-3425

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 147.00

Basis for the claim:

Date or dates debt was incurred

8/2016

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.34 Nonpriority creditor's name and mailing address

Dr. Sripada MD SC
Lelle S. Lafflin Unit 1
Chicago IL 60607

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,725.00

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.35 Nonpriority creditor's name and mailing address

Fedex
PO Box 94515
Palatine IL 60094-4515

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 130.25

Basis for the claim:

Date or dates debt was incurred

5/17/17

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.36 Nonpriority creditor's name and mailing address

Follett
91826 Collection Center Drive
Chicago IL 60643-0918

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,132.49

Basis for the claim:

Date or dates debt was incurred

2016

Last 4 digits of account number

3954

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.31 Nonpriority creditor's name and mailing address

FSP

5343 W. Roscoe St.
Chicago IL 60641

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 37,091.47

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

9040

Is the claim subject to offset?

- ☐ No
☐ Yes

3.32 Nonpriority creditor's name and mailing address

General Burglar Alarm Co.
8216 S. Western Ave.
Chicago IL 60620

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,037.60

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.33 Nonpriority creditor's name and mailing address

Handle With Care Behavior
184 McKinstry Blvd
GARDINER, NY 12525-5133

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,100

Basis for the claim:

Date or dates debt was incurred

8/11/16

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.40 Nonpriority creditor's name and mailing address

Heartland Health Outreach
4750 N. Sheridan Road
Chicago IL 60640

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 47,454.78

Basis for the claim:

Date or dates debt was incurred

2015

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.41 Nonpriority creditor's name and mailing address

Heartland Human Care Services
1209 W. 98th Street
Chicago IL 60643

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 48,453.85

Basis for the claim:

Date or dates debt was incurred

2015

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Name

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.47 Nonpriority creditor's name and mailing address

Hinckley Springs

PO Box 460579

DALLAS, TX 75246-0579

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 4,242.88

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

1718

Is the claim subject to offset?

- ☐ No
☐ Yes

3.48 Nonpriority creditor's name and mailing address

Home Depot

Dept 32-2006198703

PO Box 9001030

Louisville, KY 40290-1030

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5450.46

Basis for the claim:

Date or dates debt was incurred

2015

Last 4 digits of account number

8703

Is the claim subject to offset?

- ☐ No
☐ Yes

3.49 Nonpriority creditor's name and mailing address

Houghton Mifflin Harcourt

14046 Collections Center Dr.

Chicago IL 60693

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,571.44

Basis for the claim:

Date or dates debt was incurred

9/2016

Last 4 digits of account number

4192

Is the claim subject to offset?

- ☐ No
☐ Yes

3.50 Nonpriority creditor's name and mailing address

HR Direct

PO Box 66390

Pompano Beach, FL 33066-9390

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 149.98

Basis for the claim:

Date or dates debt was incurred

8/2016

Last 4 digits of account number

1035

Is the claim subject to offset?

- ☐ No
☐ Yes

3.51 Nonpriority creditor's name and mailing address

IL Dept of Innovation + Tech.

PO Box 10255

Springfield, IL 62791-0255

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,340.00

Basis for the claim:

Date or dates debt was incurred

2015-2017

Last 4 digits of account number

2005

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Name

Beacon Therapeutic Document

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Case Number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.47 Nonpriority creditor's name and mailing address

Sesser, David, Jason, Bassot
Farber LP
150 N. Wacker Dr Suite 3100
Chicago IL 60606-1659

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 27,000.00

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

0442

Is the claim subject to offset?

- ☐ No
☐ Yes

3.48 Nonpriority creditor's name and mailing address

Sewels Bus Company
1035 West 11th Street
Chicago IL 60643

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 925.00

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.49 Nonpriority creditor's name and mailing address

Kenneth Young Center
1001 Rohlwing Road
EIK Grove Village, IL 60007

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,236.00

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.50 Nonpriority creditor's name and mailing address

Konica Minolta
21719 Network Place
Chicago IL 60673-1217

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,468.29

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

0724

Is the claim subject to offset?

- ☐ No
☐ Yes

3.51 Nonpriority creditor's name and mailing address

Konica Minolta
21719 Network Place
Chicago IL 60673-1217

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 85,103.19

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

8460

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School
Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3.51 Nonpriority creditor's name and mailing address

Lambert Risk Management
33 W. LaSalle Street
Chicago IL 60602

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 3,718.00

Basis for the claim:

Date or dates debt was incurred

3/28/17

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.52 Nonpriority creditor's name and mailing address

Manpower
21271 Network Place
Chicago IL 60673-1212

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,928.23

Basis for the claim:

Date or dates debt was incurred

2014

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.53 Nonpriority creditor's name and mailing address

Metropolitan Water Reclamation
Lockbox 98429
Chicago IL 60693

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 328.00

Basis for the claim:

Date or dates debt was incurred

12/20/14

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.54 Nonpriority creditor's name and mailing address

Morgan Locksmith
1825 W. 103rd Street
Chicago IL 60643

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 514.16

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.55 Nonpriority creditor's name and mailing address

Mortenson Roofing Co. Inc.
9505 Corsair Rd.
Frankfort IL 60423

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 688.00

Basis for the claim:

Date or dates debt was incurred

2/2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5 Nonpriority creditor's name and mailing address
Northwest Evaluation Assoc (NWEA)
121 NW Everett Street
Portland, OR 97209

As of the petition filing date, the claim is: \$ 1,500.00
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Date or dates debt was incurred 12/2016
 Last 4 digits of account number 1

Basis for the claim: _____
 Is the claim subject to offset?
☐ No
☐ Yes

3.5 Nonpriority creditor's name and mailing address
Office of the City Clerk
121 N LaSalle St. Rm 1
Chicago IL 60602

As of the petition filing date, the claim is: \$ 407.96
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred 2017
 Last 4 digits of account number _____

Basis for the claim: _____
 Is the claim subject to offset?
☐ No
☐ Yes

3.5 Nonpriority creditor's name and mailing address
Pearson Education, Inc.
PO Box 409496
Atlanta, GA 30384-9496

As of the petition filing date, the claim is: \$ 904.49
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred 9/2016
 Last 4 digits of account number 9641

Basis for the claim: _____
 Is the claim subject to offset?
☐ No
☐ Yes

3.6 Nonpriority creditor's name and mailing address
Peoples GAS
PO Box 2968
Milwaukee, WI 53201-2968

As of the petition filing date, the claim is: \$ 833.38
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred 2017
 Last 4 digits of account number 4693

Basis for the claim: _____
 Is the claim subject to offset?
☐ No
☐ Yes

3.6 Nonpriority creditor's name and mailing address
Peoples GAS
PO Box 3140
Milwaukee, WI 53201-3140

As of the petition filing date, the claim is: \$ 5,205.07
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred 2017
 Last 4 digits of account number 3531

Basis for the claim: _____
 Is the claim subject to offset?
☐ No
☐ Yes

Debtor

Beacon Therapeutic School

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 49 Nonpriority creditor's name and mailing address

Peoples GAS

PO Box 340

Milwaukee, WI 53201-3140

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 1,314.26

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

4693

Is the claim subject to offset?

- ☐ No
☐ Yes

3. 49 Nonpriority creditor's name and mailing address

Purchase Power

PO Box 371874

Pittsburgh, PA 15250-7874

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,975.98

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

5380

Is the claim subject to offset?

- ☐ No
☐ Yes

3. 49 Nonpriority creditor's name and mailing address

Reliable Fire + Security

12845 S. Cicero Avenue

Alsip, IL 60803-3083

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 359.30

Basis for the claim:

Date or dates debt was incurred

2016

Last 4 digits of account number

8064

Is the claim subject to offset?

- ☐ No
☐ Yes

3. 49 Nonpriority creditor's name and mailing address

Safeguard Business

PO Box 88043

Chicago IL 60680-1043

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 342.44

Basis for the claim:

Date or dates debt was incurred

4/2016

Last 4 digits of account number

6077

Is the claim subject to offset?

- ☐ No
☐ Yes

3. 49 Nonpriority creditor's name and mailing address

Sams Club

PO Box 53098

Atlanta, GA 30353-0981

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 21,024.70

Basis for the claim:

Date or dates debt was incurred

2015-2017

Last 4 digits of account number

1738

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 11 Nonpriority creditor's name and mailing address
Scholastic, Inc.
PO Box 3725
Jefferson City, MO 65102-3725

As of the petition filing date, the claim is: \$ 725.23
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Date or dates debt was incurred

3/18/16

Last 4 digits of account number

7261

Basis for the claim:

Is the claim subject to offset?

☐ No
☐ Yes

3. 12 Nonpriority creditor's name and mailing address
Scholastic, Inc.
PO Box 3720
Jefferson City, MO 65102-3720

As of the petition filing date, the claim is: \$ 357.76
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

9/14/16

Last 4 digits of account number

7265

Basis for the claim:

Is the claim subject to offset?

☐ No
☐ Yes

3. 13 Nonpriority creditor's name and mailing address
School Nurse Supply
PO Box 68968
Schaumburg, IL 60168

As of the petition filing date, the claim is: \$ 27.90
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

10/15/16

Last 4 digits of account number

0649

Basis for the claim:

Is the claim subject to offset?

☐ No
☐ Yes

3. 14 Nonpriority creditor's name and mailing address
School Specialty
32656 Collections Center Dr
Chicago IL 60693-0326

As of the petition filing date, the claim is: \$ 880.73
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

2016

Last 4 digits of account number

2044

Basis for the claim:

Is the claim subject to offset?

☐ No
☐ Yes

3. 15 Nonpriority creditor's name and mailing address
Seven Holy Founders
12400 S. Ada
Calumet Park, IL 60827

As of the petition filing date, the claim is: \$ 10,205.39
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

2015-2016

Last 4 digits of account number

Basis for the claim:

Is the claim subject to offset?

☐ No
☐ Yes

Debtor

Beacon Therapeutic School

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 Nonpriority creditor's name and mailing address
Shark Shredding
18811 S. 90th Avenue
Molena, IL 60448

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 1,375.00

Basis for the claim:

Date or dates debt was incurred

7/18/17

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.13 Nonpriority creditor's name and mailing address
Simplex Grinnell
Dept CH 10320
Palatine, IL 60055-0320

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,769.47

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.14 Nonpriority creditor's name and mailing address
Solution 3 Graphics
10547 S. Western Avenue
Chicago IL 60643

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 154.13

Basis for the claim:

Date or dates debt was incurred

11/7/17

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.15 Nonpriority creditor's name and mailing address
Speech Corner
Po Box 16727
Chandler, AZ 85246

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 39.93

Basis for the claim:

Date or dates debt was incurred

8/31/16

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.16 Nonpriority creditor's name and mailing address
Staples Advantage
Dept Det Po Box 831689
Chicago IL 60616-3689

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 251.94

Basis for the claim:

Date or dates debt was incurred

2016

Last 4 digits of account number

7127

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 17 Nonpriority creditor's name and mailing address
Stericycle, Inc.
PO Box 6575
Carol Stream, IL 60197-6575

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 5,899.09

Basis for the claim: _____

Date or dates debt was incurred

2016

Last 4 digits of account number

3487

Is the claim subject to offset?

☐ No
☐ Yes

3. 18 Nonpriority creditor's name and mailing address
Stumps
One Party Place Box 327
South Whitley, IN 46787-0327

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 106.25

Basis for the claim: _____

Date or dates debt was incurred

05/17/16

Last 4 digits of account number

8677

Is the claim subject to offset?

☐ No
☐ Yes

3. 19 Nonpriority creditor's name and mailing address
Tele Assist
PO Box 789050
Philadelphia, PA 19178-9050

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,587.53

Basis for the claim: _____

Date or dates debt was incurred

2017

Last 4 digits of account number

1631

Is the claim subject to offset?

☐ No
☐ Yes

3. 20 Nonpriority creditor's name and mailing address
Time for Kids
3000 University Center Dr.
Tampa, FL 33612-6408

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 179.04

Basis for the claim: _____

Date or dates debt was incurred

9/14/16

Last 4 digits of account number

6117

Is the claim subject to offset?

☐ No
☐ Yes

3. 21 Nonpriority creditor's name and mailing address
Trace Identity Services
222 Vollmer Rd Suite AC
Chicago Heights IL 60411

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 165.00

Basis for the claim: _____

Date or dates debt was incurred

2/2017

Last 4 digits of account number

Is the claim subject to offset?

☐ No
☐ Yes

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ~~8~~ Nonpriority creditor's name and mailing address
Tyco Integrated Security
Po Box 371967
Pittsburgh, PA 15350-7967

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 4,577.07

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

8196

Is the claim subject to offset?

- ☐ No
☐ Yes

3. ~~8~~ Nonpriority creditor's name and mailing address
Tyco Simplex Grinnell
Dept CH 10320
Palatine, IL 60055-0320

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,123.08

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3. ~~8~~ Nonpriority creditor's name and mailing address
Uline
Po Box 88741
Chicago IL 60680-1741

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 307.35

Basis for the claim:

Date or dates debt was incurred

5/30/17

Last 4 digits of account number

3574

Is the claim subject to offset?

- ☐ No
☐ Yes

3. ~~8~~ Nonpriority creditor's name and mailing address
Verizon
Po Box 25505
Lehigh Valley, PA 18002-5505

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,458.47

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

9946

Is the claim subject to offset?

- ☐ No
☐ Yes

3. ~~8~~ Nonpriority creditor's name and mailing address
Verizon
Po Box 25505
Lehigh Valley, PA 18002-5505

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,401.11

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

7872

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Name

Beacon Therapeutic School

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.87 Nonpriority creditor's name and mailing address

VerizonPo Box 25505
Lehigh Valley, PA 18002-5505

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 2,285.16

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

9790

Is the claim subject to offset?

- ☐ No
☐ Yes

3.88 Nonpriority creditor's name and mailing address

Victor J. Bernstein PhD2045 W. Waveland Avenue
Chicago IL 60618

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,375.00

Basis for the claim:

Date or dates debt was incurred

2016

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.89 Nonpriority creditor's name and mailing address

Village of Calumet Park Rec Center
12426 S. Loomis Street
Calumet Park IL 60827

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 9,600.00

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3.90 Nonpriority creditor's name and mailing address

Waste ManagementPo Box 41648
Carol Stream, IL 60197-4168

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 332.00

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

3003

Is the claim subject to offset?

- ☐ No
☐ Yes

3.91 Nonpriority creditor's name and mailing address

Waste ManagementPo Box 41648
Carol Stream, IL 60197-4168

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,853.22

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

3007

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.92 Nonpriority creditor's name and mailing address
Waste Management
PO Box 41048
Carol Stream, IL 60197-41048

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 2,457.75

Basis for the claim:

Date or dates debt was incurred

2017
3009

Last 4 digits of account number

Is the claim subject to offset?

☐ No
☐ Yes

3.93 Nonpriority creditor's name and mailing address
Wep Bank
PO Box 6293
Carol Stream, IL 60197-6293

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,006.50

Basis for the claim:

Date or dates debt was incurred

2016-2017

Last 4 digits of account number

3280

Is the claim subject to offset?

☐ No
☐ Yes

3.94 Nonpriority creditor's name and mailing address
Workout Family Fitness
1132 S. Maplewood Ave.
Chicago IL 60655

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,500.00

Basis for the claim:

Date or dates debt was incurred

2/2017

Last 4 digits of account number

Is the claim subject to offset?

☐ No
☐ Yes

3.95 Nonpriority creditor's name and mailing address
Wow Business
PO Box 4350
CAROL Stream IL 60197-4350

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 642.89

Basis for the claim:

Date or dates debt was incurred

2017
5959

Last 4 digits of account number

Is the claim subject to offset?

☐ No
☐ Yes

3.96 Nonpriority creditor's name and mailing address
Wow Business
PO Box 4350
Carol Stream, IL 60197-4350

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 326.48

Basis for the claim:

Date or dates debt was incurred

2017
3490

Last 4 digits of account number

Is the claim subject to offset?

☐ No
☐ Yes

Debtor

Name

Beacon Therapeutic School

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Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.97 Nonpriority creditor's name and mailing address

Wow Business

Po Box 4350

Carol Stream, IL 60197-4350

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 1,591.04

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

8638

Is the claim subject to offset?

- ☐ No
☐ Yes

3.98 Nonpriority creditor's name and mailing address

Zobrio

1741 S. Big Bend Blvd

St. Louis, MO 63117

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,580.00

Basis for the claim:

Date or dates debt was incurred

2017

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

Debtor

Beacon Therapeutic School

Case number (if known) _____

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. <u>LeClair Ryan</u> <u>1037 Raymond Boulevard, 16th Floor</u> <u>Newark NJ 07102</u>	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain _____	<u>0724</u>
4.2. <u>LeClair Ryan</u> <u>1037 Raymond Boulevard, 16th Floor</u> <u>Newark, NJ 07102</u>	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain _____	<u>8460</u>
4.3. <u>Transworld Systems</u> <u>500 Virginia Dr, Suite 514 FT</u> <u>Washington, PA 19034</u>	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____	<u>5518</u>
4.4. <u>Teller, Levit & Silvertrust PC</u> <u>19 LaSalle Suite 701</u> <u>Chicago IL 60603</u>	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1. <u>Tenaglia & Hunt, P.A.</u> <u>P.O. Box 8500</u> <u>Philadelphia, PA 19178-2431</u>	Line <u>3.76</u> <input type="checkbox"/> Not listed. Explain _____	<u>7127</u>
4.5. <u>A.R.M. Solutions</u> <u>P.O. Box 36666</u> <u>Cambridge, CA 93011-3666</u>	Line <u>3.77</u> <input type="checkbox"/> Not listed. Explain _____	<u>3487</u>
4.6. <u>Obelsson Sterk LTD</u> <u>3318 W. 95th Street</u> <u>Evergreen Park IL 60805</u>	Line <u>3.89</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7. <u>D & S, LTD</u> <u>13809 Research Blvd. Suite 800</u> <u>Austin, TX 78750</u>	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	<u>1738</u>
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor

Name

Beacon Therapeutic School

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 150,809

5b. Total claims from Part 2

5b. + \$ 725,953

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

\$ 876,762

Fill in this information to identify the case:

Debtor name Beacon Therapeutic School
United States Bankruptcy Court for the: Northern District of IL
(State)
Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest <u>Copier Lease</u>	<u>Konica Minolta</u> <u>21719 Network Place</u> <u>Chicago IL 60673-1217</u>
	State the term remaining <u>16 months</u>	
	List the contract number of any government contract	
2.2	State what the contract or lease is for and the nature of the debtor's interest	
	State the term remaining	
	List the contract number of any government contract	
2.3	State what the contract or lease is for and the nature of the debtor's interest	
	State the term remaining	
	List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest	
	State the term remaining	
	List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest	
	State the term remaining	
	List the contract number of any government contract	

Fill in this information to identify the case:

Debtor name Beacon Therapeutic Schools
United States Bankruptcy Court for the: Northern District of IL
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

Street

☐ D
☐ E/F
☐ G

City State ZIP Code

2.2

Street

☐ D
☐ E/F
☐ G

City State ZIP Code

2.3

Street

☐ D
☐ E/F
☐ G

City State ZIP Code

2.4

Street

☐ D
☐ E/F
☐ G

City State ZIP Code

2.5

Street

☐ D
☐ E/F
☐ G

City State ZIP Code

2.6

Street

☐ D
☐ E/F
☐ G

City State ZIP Code

Fill in this information to identify the case:

Debtor name Beacon Therapeutic School

United States Bankruptcy Court for the: Northern District of IL
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 07/01/17 to 06/30/17
MM / DD / YYYY

Filing date

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$ 901

For prior year:

From 07/01/16 to 06/30/17
MM / DD / YYYY

Filing date

☒ Operating a business

☐ Other _____

\$ 6,136,329

For the year before that:

From 07/01/15 to 6/30/16
MM / DD / YYYY

Filing date

☒ Operating a business

☐ Other _____

\$ 8,882,028

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

From the beginning of the fiscal year to filing date:

From _____ to _____
MM / DD / YYYY

Filing date

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

\$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

Filing date

\$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

Filing date

\$ _____

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name <u>Susan Reyna-Guerrero</u> Street <u>6546 N. Tahome Av.</u> City <u>Chicago</u> State <u>IL</u> ZIP Code <u>60646</u>	<u>12/16/16 - 6/30/17</u>	<u>\$ 110,751.06</u>	<u>Salary and Vacation Pay (Gross)</u>
Relationship to debtor <u>Former CEO (CEO During Dates Above)</u>			
4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	_____
Relationship to debtor _____			

Debtor Beacon Therapeutic School Case number (if known) _____
Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	<u>Beverly Bank</u> Creditor's name <u>1908 W. 103rd St.</u> Street <u>Chicago IL 60643</u> City State ZIP Code	<u>10650 S. Longwood</u> <u>Chicago, IL 60643</u>	<u>10/20/17</u>	<u>\$ 762,000</u>
5.2.	_____ Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____ Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____ Last 4 digits of account number: XXXX- _____	_____ _____ _____ City State ZIP Code	\$ _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <u>CIT Bank N.A.</u> Case number <u>Beacon Therapeutic School</u> <u>2017-L-007450</u>	<u>Contract</u>	<u>Circuit Court, Cook County</u> Name <u>50 W. Washington</u> Street <u>Chicago IL 60602</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. <u>Manpower Group US</u> Case number <u>v. Beacon Therapeutic</u> <u>2017-M2-122408</u>	<u>Contract</u>	<u>Circuit Court, Cook County</u> Name <u>50 W. Washington St.</u> Street <u>Chicago IL 60602</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
Last 4 digits of account number: XXXX- _____			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.3 <u>City of Chicago v. Beacon Therapeutic</u> Case number <u>17 DH 001744</u>	<u>Regulatory</u>	<u>City of Chicago</u> Name <u>Admin Court</u> Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4 <u>James v. Beacon Therapeutic School</u> Case number <u>16-VS 227</u>	<u>Employment</u>	<u>Illinois Dept. Labor</u> Name <u>160 N. LaSalle St. 1300</u> Street <u>Chicago IL 60601</u> City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Custodian's name _____

Street _____

City _____ State _____ ZIP Code _____

Description of the property

Case title _____

Case number _____

Date of order or assignment _____

Value

\$ _____

Court name and address

Name _____

Street _____

City _____ State _____ ZIP Code _____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address

9.1. Recipient's name _____

Street _____

City _____ State _____ ZIP Code _____

Recipient's relationship to debtor

Description of the gifts or contributions

Dates given

Value

\$ _____

9.2. Recipient's name _____

Street _____

City _____ State _____ ZIP Code _____

Recipient's relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Date of loss

Value of property lost

\$ _____

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>Quarles + Brady LLP</u>	_____	<u>7/17</u>	<u>\$ 10,000.00</u>
	Address <u>300 N. LaSalle Street</u> Street	_____		
	<u>Chicago</u> <u>IL</u> <u>60606</u> City State ZIP Code			
	Email or website address <u>www.quarles.com</u>			
	Who made the payment, if not debtor? _____			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____
	Address _____	_____		
	Street _____			
	City State ZIP Code _____			
	Email or website address _____			
	Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee _____	_____		

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	<u>UCAN</u>	<u>Used furniture, vehicle</u>	<u>6/29/17</u>	<u>\$ 18,000.00</u>
	<u>Contracts accounts receivable</u>			
	Address			
	<u>3605 W. Fillmore Street</u>			
	Street			
	<u>Chicago</u>	<u>IL</u>	<u>60624</u>	
	City	State	ZIP Code	
	Relationship to debtor			
	<u>None</u>			

13.2.	Who received transfer?	_____	_____	\$ _____
	Address			
	Street			
	City	State	ZIP Code	
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy
		From To
14.1.	<u>1912 W. 103rd Street</u>	From _____ To <u>2/28/17</u>
	<u>Chicago</u>	
	City	State ZIP Code
14.2.	<u>12440 S. Ada</u>	From _____ To <u>6/30/17</u>
	<u>Calumet Park</u>	
	City	State ZIP Code

Debtor

Name Beacon Therapeutic School

Case number (if known) _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☒ Yes. Fill in below:

Name of plan

403b One America

Employer identification number of the plan

EIN: 36-2660495

Has the plan been terminated?

☐ No

☐ Yes

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>East Bank Records management</u> Name _____ <u>333 N. Michigan Ave.</u> Street _____ <u>Chicago IL 60601</u> City _____ State _____ ZIP Code _____	<u>management</u> _____ _____ Address _____ _____	<u>Records</u> _____ _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor Beacon Therapeutic School Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____

Debtor

Beacon Therapeutic Schools
Name

Case number (if known)

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1.

Jennifer Decker
Name

From 11/14 To Current

15102 Lavergne Avenue
Street

Oak Forest IL 60452
City State ZIP Code

City State ZIP Code

Name and address

Dates of service

26a.2.

Ken Miller
Name

From 11/09 To 6/16

1609 Fender Road
Street

Naperville IL 60565
City State ZIP Code

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1.

MPS/CPA
Name

From 7/17 To Current

14300 Ravinia
Street

Orland Park IL 60462
City State ZIP Code

City State ZIP Code

Name and address

Dates of service

26b.2.

Sesser, David, Jason, Bassor Farber
Name

From 11/16 To 6/17

150 N. Wacker Drive Suite 3100
Street

Chicago IL 60606-1659
City State ZIP Code

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

MPS/CPA
Name

14300 Ravinia
Street

Orland Park IL 60462
City State ZIP Code

City State ZIP Code

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

From _____ To _____

26a.1.

Name _____
Street _____
City _____ State _____ ZIP Code _____

Name and address

Dates of service

From _____ To _____

26a.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

From 6/15 To 10/16

26b.1.

BDO
Name _____
PO Box 642743
Street _____
Pittsburgh PA 15264-2743
City _____ State _____ ZIP Code _____

Name and address

Dates of service

From _____ To _____

26b.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name _____
Street _____
City _____ State _____ ZIP Code _____

Debtor Beacon Therapeutic Schools
Name

Case number (if known) _____

Name and address

If any books of account and records are unavailable, explain why _____

26c.2.

Jennifer Decker

Name

15106 Laverne

Street

Oak Forest IL 60452

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Beverly Bank

Name

1908 W 103rd Street

Street

Chicago IL 60643

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____ State _____ ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Ryan Dargis</u>	<u>5401 N. Lieb Avenue</u> <u>Chicago, IL 60630</u>	<u>Director</u>	_____
<u>Joan Coffey</u>	<u>7942 Suffield Drive</u> <u>Orland Park, IL 60462</u>	<u>Director</u>	_____
<u>Thomas Goldrick</u>	<u>27 W. Washington, Suite 1615</u> <u>Chicago, IL 60602</u>	<u>Director</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<u>Susan Reyna-Guerrero</u>	<u>6546 N. Tahoma</u> <u>Chicago, IL 60646</u>	<u>CEO</u>	From _____ To <u>6/17</u>
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Susan Reyna-Guerrero</u> Name <u>6546 N. Tahoma</u> Street _____ City <u>Chicago</u> State <u>IL</u> ZIP Code <u>60646</u>	<u>110,751.06</u>	<u>12/16/16 -</u> <u>6/30/17</u>	<u>Salary and</u> <u>Vacation Pay</u> <u>(Gross)</u>
Relationship to debtor <u>Former CEO</u>	_____	_____	_____

Debtor Beacon Therapeutic School
Name

Case number (if known) _____

Name and address of recipient

30.2

Name _____
Street _____
City _____ State _____ ZIP Code _____

Relationship to debtor _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation

EIN: _____ - _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the pension fund

EIN: _____ - _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/19/2017
MM / DD / YYYY

☒ Thomas A. Goldrick

Signature of individual signing on behalf of the debtor

Printed name Thomas A. Goldrick

Position or relationship to debtor Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Northern District Of Illinois

In re Beacon Therapeutic School, Inc.

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ - 0

Prior to the filing of this statement I have received \$ - 0 -

Balance Due \$ - 0 -

2. The source of the compensation paid to me was: N/A

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is: N/A

☐ Debtor ☐ Other (specify)

4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. N/A

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. N/A

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>12/19/2017</u> Date	 Signature of Attorney <u>Robert D. Nachman</u> <u>Barack Ferrazzano Kirschbaum</u> Name of law firm <u>& Nagelberg LLP</u>